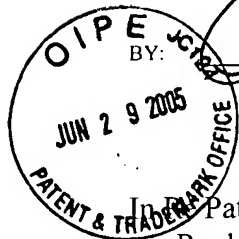


I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, ON THE DATE INDICATED BELOW.



BY: Renee Conti

Date:

June 27, 2005

MAIL STOP AF

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Patent Application Of:
Rozlyn A. Krajcik, *et al.*

Conf. No.: 5919

: Group Art Unit: 1617

Appln. No.: 10/073,607

: Examiner: Jennifer M. Kim

Filing Date: February 11, 2002

: Attorney Docket No.: 4555-43U1

Title: METHODS AND COMPOSITIONS FOR THE TREATMENT OF ALOPECIA
AND OTHER DISORDERS OF THE PILOSEBACEOUS APPARATUS

**NOTICE OF APPEAL FROM PRIMARY EXAMINER TO THE
BOARD OF PATENT APPEALS AND INTERFERENCES**

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the Decision dated December 28, 2004 (Paper No. 12152004), of the Primary Examiner finally rejecting claims 31-44.

The item(s) checked below are appropriate:

<input type="checkbox"/>	A Petition for Extension of Time with extension fee for &@ month(s) to &@ to respond to the final rejection was filed on &@.
<input checked="" type="checkbox"/>	A Petition for Extension of Time for three month(s) to file the Notice of Appeal and the requisite extension fee in the amount of \$510.00 are enclosed.
<input checked="" type="checkbox"/>	Notice of Appeal fee is enclosed (if applicable)
<input checked="" type="checkbox"/>	\$250.00 - Small Entity has been previously established in this case.
<input type="checkbox"/>	\$500.00.
<input type="checkbox"/>	Not required (fee paid in prior appeal).
<input type="checkbox"/>	An oral hearing before the Board of Appeals is respectfully requested. Requisite fee is enclosed.
<input type="checkbox"/>	\$500.00 - Small Entity has been previously established in this case.
<input type="checkbox"/>	\$1,000.00.

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- Application No. 10/073,607
Reply to Office Action of December 28, 2004

<input checked="" type="checkbox"/>	Our firm's check in the amount of \$760.00 is enclosed.
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge and/or credit Deposit Account No. 50-1017 (Billing No. 204555.0105) for any overpayments or deficiencies in the above-calculated fee. A duplicate copy of this notice is enclosed.

Respectfully submitted,

ROZLYN A. KRAJCIK, et al.

June 27, 2005
(Date)

By:

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